

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>for</i>	75331	
O.I.P.E. CLASSIFIER		15	5-300
FORMALITY REVIEW		6-1594	6-27
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		10	7-12-3
2		30	14-25
3		01	01-02
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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